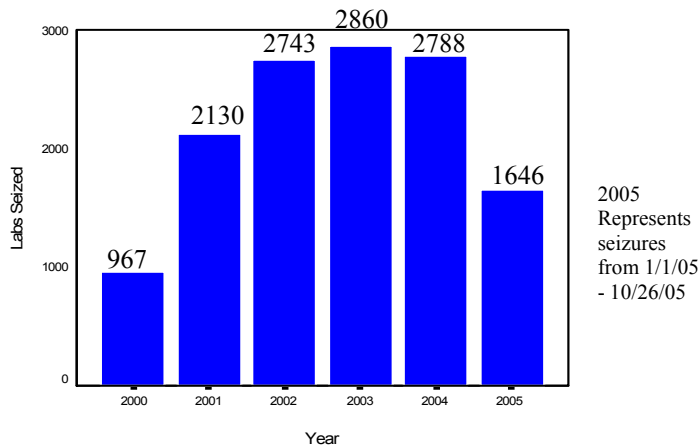


# METH IN MISSOURI

## METH LABS SEIZED SINCE 2000:



\*New reporting guidelines went into effect on January 1, 2001.

## LOCATION OF METH:

70% Rural  
30% Urban

## ORIGIN OF METH:

In 1995, The Missouri State Highway Patrol witnessed a 470% increase in meth lab seizures, which marked the beginning of Missouri's meth problem.

## IMPACT OF LAW LIMITING SALE OF COLD MEDECINE:

On June 15th, 2005, Governor Matt Blunt signed into law restrictions on the sale of pseudoephedrine (PSE) products. The law places products under Schedule V requirements, which require them to be placed behind the pharmacy counter and they can only be dispensed by a pharmacist or pharmacy technician. The new law also established a log system to monitor sales of such products. The law took effect on July 14, 2005 and since its inception Missouri has seen a 49% reduction in meth lab seizures.

## METH WATCH PROGRAM:

The Franklin County Sheriff's Department received a federal grant to implement a statewide program to expand their CHEM (Companies Helping to Eliminate Meth) Watch Program. The program was implemented in June of 2005 and 1200 retailers currently participate in the program.

## IMPACT OF METH ON TRAFFIC SAFETY:

Missouri does not currently monitor traffic safety in regards to methamphetamine.

## LAW ENFORCEMENT RESPONSE:

Missouri provides a 4-hour meth awareness/ clandestine lab training course to all law enforcement officers. They also provide a 40-hour Clan Lab Certification course, presented by the MSHP and MoDNR, which has trained over 800 officers throughout the state.



## CHILDREN IN SOCIAL SERVICE SYSTEM DUE TO METH:

Missouri's child welfare automated system tracks the number of children with parental drug use as a condition of removal. The type of drug involved is not defined, however the almost 10% growth over the past 5 years coincides with increased meth use in Missouri. To date 7,217 children have been removed from homes due to parent drug use since 2001.

## PROTECTING DRUG ENDANGERED CHILDREN:

In December 2004, the Missouri Juvenile Justice Association was awarded a \$250,000 grant for their "Children in Meth Labs" effort. The MJJA project was designed to improve the safety and medical care of Missouri children under 17 who are found in or near a meth lab. The funds enabled the MJJA to develop best practices, interagency protocols for gathering information at the scene for appropriate medical care, assessing the child's medical needs, gathering medical evidence to support appropriate placement, immediately testing children for meth exposure, ensuring short- and long-term care and follow up, and provide training on these protocols to first responders and necessary stakeholders.

## REHABILITATION AND TREATMENT:

All community-based treatment programs contracted by the Missouri Division of Drug and Alcohol Abuse and Department of Correction provide services to people addicted to meth. Missouri has found that good meth treatment does not require specialized programs, but needs elements that are universally effective, such as timely admission, individualized assessment and treatment planning, qualified counselors, evidence-based practices, social support, self-help groups, multiple levels of care, medication when appropriate, and longer treatment episodes.

## CLEANING UP METH LABS:

Missouri created the Clandestine Lab Collection Station Program to address the burgeoning problem of meth labs. While the CDLCS Program is not mandatory, it is available to all law enforcement and other officials involved with the seizure of meth and other clandestine labs.

## BEST PRACTICES:

- ◆ New PSE control legislation
- ◆ Meth cleanup and training program (Clan Lab Certification Course)

**For more information on Missouri's efforts to fight the war against meth please visit [Missourimeth.org](http://Missourimeth.org) or call the MSHP-DDCC at 573-751-3452**

